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Application Number	10/798,799
Filing Date	3/10/2004
First Named Inventor	Arpita I. MEHTA, et al.
Title	COMBINATORIAL THERAPY FOR PROTEIN SIGNALING DISEASE
Art Unit	1639
Examiner Name	Christopher M. Gross
Attorney Docket Number	085802-0111

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

/MichaelAShmilovich/

Date

29 September 2009

Name

Michael A. Shmilovich, Esq.

Telephone

(301) 435-5019

Title and Company

Technology Licensing Specialist for The Government of the United States of America as Represented by the Secretary of the Department of Health and Human Services, The National Institutes of Health Office of Technology Transfer

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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